

**MISSOURI DEPARTMENT OF NATURAL RESOURCES
APPLICATION FOR ASSISTANCE
STATE REVOLVING FUND PROGRAM**

<p style="text-align: center;">APPLICANT INFORMATION</p> <p>APPLICANT NAME: _____</p> <p>ADDRESS: _____ _____ _____</p> <p>TYPE: INCORPORATED MUNICIPALITY: _____ PUBLIC WATER/SEWER DISTRICT: _____ OTHER: _____</p>	<p style="text-align: center;">THIS SPACE FOR OFFICE USE ONLY</p> <p><u>Priority Points</u> <u>Project Number</u> <u>FY</u></p> <hr/> <p>LOAN AND/OR GRANT AMOUNT REQUESTED: _____ (Note: Grant Amount cannot be increased later.) PROJECT LOCATION: _____ CITY: _____ COUNTY: _____ STATE REP. DISTRICT NUMBER(S): _____ STATE SENATE DISTRICT NUMBER(S): _____</p>									
<p>PROJECT MANAGER (LOCAL GOVERNMENT OFFICIAL): NAME: _____ TITLE: _____ ADDRESS: _____ _____ _____</p> <p>TELEPHONE: _____</p>	<p>CONSULTING ENGINEER: NAME: _____ FIRM: _____ ADDRESS: _____ _____ _____</p> <p>TELEPHONE: _____</p>									
<p>PROJECT DESCRIPTION (Please include site maps if available):</p>										
<p>LIST PERMIT NUMBER(S) OF WATER OR WASTEWATER FACILITIES AFFECTED BY THIS PROJECT (If applicable). Please note if the facility is to be eliminated by this project.</p>										
<p>POPULATION OF PROJECT AREA: _____ POPULATION OF POLITICAL SUBDIVISION: _____</p> <p>ESTIMATED 20 YEAR PROJECT AREA POPULATION: _____</p> <p>PROJECTED NEW CONNECTIONS AT PROJECT COMPLETION: _____</p> <p>NON-PERMITTED FACILITIES TO BE ELIMINATED BY THIS PROJECT:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">NAME</th> <th style="text-align: left; width: 33%;">POPULATION SERVED</th> <th style="text-align: left; width: 33%;">TYPE & CONDITION OF FACILITY</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		NAME	POPULATION SERVED	TYPE & CONDITION OF FACILITY	_____	_____	_____	_____	_____	_____
NAME	POPULATION SERVED	TYPE & CONDITION OF FACILITY								
_____	_____	_____								
_____	_____	_____								

DESCRIPTION OF PROBLEM TO BE ADDRESSED BY PROJECT INCLUDING:

- Estimated volume of sewage bypassed: _____ million gallons/day
- Frequency of bypass events: _____ per year
- Description of known downstream water quality problems, health effects and land use concerns:

- Downstream water body effected: _____ lake _____ stream _____

- Number or percentage of failed septic tanks: _____ Number _____ % of total

- Description of conditions resulting from failed septic tanks:

OTHER INFORMATION REGARDING PROBLEMS ADDRESSED:

NOTE: A map showing facilities to be eliminated, location of bypassing, lift stations, relief sewers and boundaries of unsewered areas must be included.

ESTIMATED COST:

ELIGIBLE

NON-ELIGIBLE

TOTAL

COST BREAKDOWN FOR DESIGNATED CATEGORIES

Development and Administration

Land & Easements

*Engineering Planning and Design

*Engineering During Construction

*Resident Inspection

*Construction

*Equipment

**Other Costs (specify)

TOTAL PROJECT COSTS

I. Secondary Treatment _____

II. Advanced Treatment _____

IIIA. Inflow/Infiltration Correction _____

IIIB. Sewer Rehab _____

IVA. Collection Sewers _____

IVB. Interceptor Sewers _____

V. Combined Sewer Overflow Correction _____

TOTAL CONSTRUCTION COSTS _____

* **Generally these costs are eligible.**

** **SRF Loan closing costs (about 3%) are eligible.**

PROPOSED FINANCING:

SRF LOAN AND/OR 40% GRANT: \$ _____

APPLICANT CONTRIBUTION: \$ _____

OTHER GRANTS AND LOANS: \$ _____

(Specify) \$ _____

\$ _____

TOTAL: \$ _____

Anticipated date for bond election: _____

Debt Instrument: _____

General Obligation Bonds: _____

Revenue Bonds: _____

*Other: _____

*Not SRF Loan Eligible

To the best of my knowledge and belief, the data in this application are true and correct, and its submission has been duly authorized by the governing body of the applicant.

SIGNATURE: _____ NAME AND TITLE: _____

(Please print or type)

DATE: